

***IN THE UNITED STATES PATENT AND TRADEMARK OFFICE***

Applicant: EIJSACKERS, Armin Sjoerd et al.

Title: PACKAGE WITH PARTLY FOAMABLE LIQUID BY MEANS OF WHICH A REFRESHMENT CAN BE PREPARED

Appl. No.: 10/565,946

International 7/22/2004

Filing Date:

371(c) Date: 7/19/2006

Examiner: Hendricks, Keith D

Art Unit: 1794

Confirmation 8305

Number:

**AMENDMENT TRANSMITTAL**

Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[ X ] The fee required for additional claims is calculated below:

	Claims		Previously		Extra		Additional Claims Fee
	As Amended	Paid For	Claims Present	Rate			
Total Claims:	33	-	37	=	0	x \$52.00 =	\$0.00
Independent Claims:	3	-	3	=	0	x \$220.00 =	\$0.00

First presentation of any Multiple Dependent Claims: +	\$390.00	=	\$0.00
		CLAIMS FEE TOTAL	= \$0.00

[ X ] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[ ] Extension for response filed within the first month:	\$130.00	\$0.00
[ X ] Extension for response filed within the second month:	\$490.00	\$490.00
[ ] Extension for response filed within the third month:	\$1,110.00	\$0.00
[ ] Extension for response filed within the fourth month:	\$1,730.00	\$0.00
[ ] Extension for response filed within the fifth month:	\$2,350.00	\$0.00
	EXTENSION FEE TOTAL:	\$490.00
[ ] Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$140.00	\$0.00
	CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:	\$490.00
[ ] Small Entity Fees Apply (subtract ½ of above):		\$0.00
	Extension Fees Previously Paid:	\$0.00
	TOTAL FEE:	\$490.00

The above-identified fees of \$490.00 are being paid by credit card via EFS-Web.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment instructions in EFS-Web being incorrect or absent, resulting in a rejected or incorrect credit card transaction, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date November 24, 2009

By /Scott D. Anderson/

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